



1725.  
\$

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. CMB 0661-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Patentmark Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10476,589
Filing Date	February 19, 2002
First Named Inventor	Tetsuya Fukunaga
Art Unit	1725
Examiner Name	Christina A. Iidebrande
Attorney Docket Number	08555527US1 (4081-05401)

RECEIVED  
NOV 18 2003  
TC 1700

Total Number of Pages in This Submission

17

## ENCLOSURES (Check all that apply)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                          | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance communication to Technology Center (TC)        |
| <input checked="" type="checkbox"/> Fee Attached                                  | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                               | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/Declaration(s)                                | <input checked="" type="checkbox"/> Power of Attorney (Assoc.)            | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request                     | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                              | <input type="checkbox"/> Terminal Disclaimer                              | Postcard Acknowledgement  |
| <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                   | <input type="checkbox"/> CD, Number of CD(s)                              |   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application         | Remarks   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53      |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Rodney B. Carroll
Signature	
Date	November 6, 2003

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Clare Jackson	Date	November 6, 2003
Signature			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.



Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

**FEE TRANSMITTAL  
For FY 2004**

Effective 10/01/03. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** \$ **290.00****METHOD OF PAYMENT (Check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☐ Deposit Account:  
Deposit Account Number: 50-1815  
Deposit Account Name: Conley Rose, P.C.

The Director is hereby authorized to: (check all that apply)

- ☐
- Charge fee(s) indicated below
- ☒
- Credit any overpayments
- 
- ☒
- Charge any additional fee(s) during the pendency of this application
- 
- ☐
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee/See Fee	Small Entity Fee	Fee Description	Fee Paid
Code (S)	Code (S)		
1001 770	2001 385	Utility filing fee	\$ _____
1002 340	2002 170	Design filing fee	\$ _____
1003 530	2003 285	Plant filing fee	\$ _____
1004 770	2004 385	Reissue filing fee	\$ _____
1005 160	2005 80	Provisional filing fee	\$ _____

**SUBTOTAL (1)** \$ \_\_\_\_\_**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims Independent Claims	Extra Claims	Fee from below	Fee Paid
* -20** = * x 15.00 = \$ _____			
-3** = * x 85.00 = \$ _____			
Multiple Dependent	200.00 = \$ _____		00.00

Large Entity Fee	Small Entity Fee	Fee Description
Code (S)	Code (S)	
1202 18	2202 9	Claims in excess of 20
1201 85	2201 43	Independent Claims in excess of 3
1203 280	2203 145	Multiple dependent claim, if not paid
1204 85	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** \$ **0.00**

\*\* or number previously paid, if greater; For Reissues, see above

**Complete if Known**

Application Number 10/076,589  
 Filing Date February 19, 2002  
 First Named Inventor Tetsuya Fukumaga  
 Examiner Name Christina A. Ildebrando  
 Group Art Unit 1725  
 Attorney Docket No. 09/55527US1 (4081-05401)

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
Code (S)	Code (S)		
1051 130	2051 65	Surcharge - late filing fee or oath	\$ _____
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	\$ _____
1053 130	1053 130	Non-English specification	\$ _____
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	\$ _____
18042 920*	1804 920*	Requesting publication of SIR prior to Examiner action	\$ _____
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	\$ _____
1251 110	2251 55	Extension for reply within first month	\$110.00
1252 420	2252 210	Extension for reply within second month	\$ _____
1253 950	2253 475	Extension for reply within third month	\$ _____
1254 1,480	2254 740	Extension for reply within fourth month	\$ _____
1255 2,010	2255 1,005	Extension for reply within fifth month	\$ _____
1401 330	2401 165	Notice of Appeal	\$ _____
1402 330	2402 165	Filing a brief in support of an appeal	\$ _____
1403 290	2403 145	Request for oral hearing	\$ _____
1451 1,510	1452 1,510	Petition to institute a public use proceeding	\$ _____
1452 110	2452 55	Petition to revive - unavoidable	\$ _____
1453 1,330	2453 665	Petition to revive - unintentional	\$ _____
1501 1,330	2501 665	Utility issue fee (or reissue)	\$ _____
1502 480	2502 240	Design issue fee	\$ _____
1503 640	2503 320	Plant issue fee	\$ _____
1480 130	1480 130	Petitions to the Commissioner	\$ _____
1607 50	1606 80	Processing fee under 37 CFR 1.17(g)	\$ _____
1608 180	1608 180	Submission of information Disclosure Sheet	\$180.00
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	\$ _____
1809 770	2809 385	Filing a submission after final rejection (37 CFR 5.1.129(a))	\$ _____
1810 770	2810 385	For each additional revision to be examined (37 CFR 5.1.129(b))	\$ _____
1801 770	2801 385	Request for Continued Examination (RCE)	\$ _____
1802 900	1802 900	Request for expedited examination of a design application	\$ _____
		Other fee (specify)	\$ _____

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** \$ **290.00****SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Rodney B. Carroll	Registration No.	39,624	Telephone	(972) 731-2268
Signature		Date	November 6, 2003		

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C. 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.